DOCUMENT RESUME

ED 456 307 CE 082 287

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TITLE	Misfit and Match: The Frontline Management Initiative in the Community Services and Health Industry.
PUB DATE	2001-03-00
NOTE	33p.; In: Research to Reality: Putting VET Research To Work. Proceedings of the Australian Vocational Education and Training Research Association (AVETRA) Conference (4th, Adelaide, Australia, March 28-30, 2001); see CE 082 232.
AVAILABLE FROM	For full text: http://www.avetra.org.au/PAPERS%202001/roos.pdf.
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Administrator Attitudes; Adoption (Ideas); *Allied Health Occupations Education; *Community Services; Comparative Analysis; Competence; Competency Based Education; Context Effect; Conventional Instruction; Definitions; Delivery Systems; Educational Improvement; Educational Principles; Foreign Countries; Job Training; Literature Reviews; *Management Development; *Managerial Occupations; Models; Participation; Postsecondary Education; Program Effectiveness; *Program Implementation; Training Methods; Training Objectives; Transfer of Training
IDENTIFIERS	*Australia (Victoria); Contextualization; Contextualized Instruction

ABSTRACT

The application of frontline management training in the community and health services (CS&H) industry in Victoria, Australia, was examined through interviews with managers of 11 user and 11 provider organizations in the public and private sectors. The study focused on the following topics: (1) the appropriateness of the Frontline Management Initiative (FMI) to the CS&H industry; (2) how widely the FMI has been taken up in Victoria's CS&H industry; (3) which providers and users are involved; and (4) how management training for frontline managers in the CS&H industry can be improved. Considerable variations in the FMI programs provided and undertaken by the study organizations were discovered. Two broad models of provision were identified. The first viewed FMI as being conceptually similar to past management development programs, whereas the second model placed more reliance on workplace assessment and identification of gaps in experience or management competencies. Issues were raised in the following areas: (1) the level of general management theory required for FMI participants; (2) the extensive contextualization occurring in FMI; and (3) the question of whether participants moving to other organizations would be able demonstrate competence in the areas required by their new organizations. Organizational change proved to be a major driver of uptake of the FMI. (Contains 85 references.) (MN)

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Misfit and match: the frontline management initiative in the community services and health industry

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This paper reports on a project involving a critical investigation of the application of frontline management training in the community services and health industry in Victoria[1]. It seeks to investigate, given the findings of the Industry Task Force on Management and Leadership (Karpin Report 1995):

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- the appropriateness of the Frontline Management Initiative (FMI) to the community services and health (CS&H) industry;
- how widely the FMI has been taken up in the CS&H industry in Victoria;
- which providers and users are involved; and
- how management training for frontline managers in the CS&H industry can be improved.

This paper focuses on user and provider perspectives, as revealed in interviews with managers of both user and provider organisations. Although the research is confined to the community services and health industry in Victoria, the implications of the research extend beyond Victoria and the specific industry.

Central to the investigation are the concepts of 'match' and 'fit'. Match is used in the sense of how well things line up, for example, in comparing lists of characteristics, or comparing colours. In this context it is how well what a provider offers in an FMI program meets the needs of the CS&H industry or an individual user. Fit, on the other hand, is used in the strategic sense of an alliance between provider and user to achieve the purposes and objectives of the user organisation. The analogy of mapping can be used. Match, in this instance, becomes the mapping of the FMI to the terrain of the CS&H industry. Fit is the intimate knowledge of that terrain, as applied in using the FMI to achieve a strategic purpose for the user organisation.
There are five purposes of the overall research study:

- First, what is the relationship between the FMI and the findings of the Karpin Report? How do the FMI and the Karpin recommendations relate to

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management theory in this area, particularly with regard to the special features of the CS&H industry?

- Secondly, there is the question of the contextualisation of frontline management training. How much does it needs to be contextualised and how does this affect its value as a generic qualification? This is a strategic issue, which is important in all industries, not only in the CS&H industry.

- Thirdly, how has the FMI developed in the CS&H industry and against what background of existing training for frontline managers?

- Fourthly, how widely has frontline management training been taken up in the CS&H industry, where and how? Which providers are involved (eg public or private providers; providers in the city, other large centres or in more remote locations) and which users (eg large or small organisations; health or community services; public, private sector or religious and charitable organisations; metropolitan, rural or remote locations)? Also, why are other providers not offering FMI and other users not accessing the FMI initiatives?

- Finally, how can the skills, performance and productivity of frontline managers be improved overall, in specific workplaces and for specific client groups?

Not all of the above are dealt with at this stage of the project. However, the interviews reported here raise issues that will direct further research aimed at achieving these purposes.

Background to the study

Karpin Report

The Industry Task Force on Leadership and Management Skills, chaired by David Karpin, reported to the Federal Government in February 1995. Its report, *Enterprising nation* (Karpin Report 1995) argued that improvement in the performance of Australia's managers is critical to reform of the Australian economy. The 28 Task Force recommendations were wide ranging (Karpin Report 1995, Appendix I, pp 361-383), but they included the increasing significance of lifelong learning and the need to strive continually to achieve best practice in enterprises and education institutions.

Recommendation 11 in the Karpin Report was that 'there be established a national training program for frontline managers' (p xli). The Karpin Report envisaged that participants would not have had any formal management training and that they would be 'working in enterprises which are able to demonstrate the application of quality principles in their operations and their human resource development processes'. The target was to provide access to management training for 80,000 frontline managers over five years. It was envisaged that participants would be released, at the employer's cost, for up to twenty days of structured training, which would be spread over a period of twenty to forty weeks. There would be

approximately ten units involved in the course. TAFE was expected to be a major deliverer of the FMI program and TAFE's capacity to deliver management development courses should be upgraded. The role of TAFE was to be supplemented by industry associations and private providers. The Commonwealth under the user choice principles would fund the training. The Committee recommended that the course materials be competency based and that delivery be through a variety of mechanisms, preferably on site, but also through distance learning with appropriate course materials developed. The training course, termed the 'National Certificate in Workplace Leadership', was to be integrated into the national qualifications framework in order to ensure articulation with other programs. The Task Force envisaged that there would be provision for the deliverer to customise their program to meet enterprise requirements and to undertake assessments of competence.
It is also clear that the Task Force was considering those people who had completed compulsory education, then gained a vocational qualification and were technically proficient. They estimated that there were 180,000 such people in Australia in supervisory positions with no formal management qualifications.

Flowing from the Karpin Report, print-based learning materials were prepared to support FMI delivery in Australia (Australian National Training Authority 1998a). These learning materials include 11 Learning Guides for the Certificate and the Diploma of Frontline Management (Australian National Training Authority 1998b). Some VET providers have delivered the courses and some enterprises have participated. The first critical Australian study by Barratt-Pugh et al was funded in 1999 by the Australian National Training Authority through the National Research and Evaluation Committee. A preliminary report was presented at the AVETRA Conference in Canberra in March 2000 (Barratt-Pugh 2000). These researchers have stated that their study does not include the CS&H industry. Also, their study is national in scope, whereas the present study is confined to Victoria.

The CS&H industry

Every industry has its own characteristic features, which are relevant for the training of frontline managers there; and the CS&H industry is no exception.

- The CS&H industry represents 10.4% of Gross Domestic Product (Australian Institute of Health and Welfare 1999a, 1999b), so that it is larger than agriculture and mining put together.

- It is a diverse industry, including hospitals (38.4% of total health expenditure), medical services (19.3%), pharmaceuticals (12.1%), nursing homes (7.5%), dental services (5.9%), community and public health (4.8%), aids and appliances (1.9%), ambulance services (1.5%) and research (1.5%) (Australian Institute of Health and Welfare 2000). A variety of challenges face frontline managers in these different sectors of the industry.

- The CS&H industry is of concern to both the public and the private sector. 70% of total health expenditure in 1998-1999 was derived from the government sector (Australian Institute of Health and Welfare 2000). The non-government proportion is higher in Victoria than in Australia as a whole. In some sectors of the CS&H industry the public and private sectors are separate (such as community health compared to adult dental services), but

in other sectors of the industry there is strong competition, for example, between public and private hospitals. In 1997-1998 public hospitals represented 30.1% of total recurrent health expenditure nationally compared to 8.3% for private hospitals, but the former had fallen from 34.3% in 1989-1990 (Australian Institute of Health and Welfare 2000). While the challenges facing frontline managers are often similar in the public and private sectors, there can also be significant differences, for example in objectives, processes and accountability.

- The CS&H industry is a contested area between the different levels of government. The industry is of concern to all three levels of government in Australia, although the financial dominance of the Commonwealth Government has been increasing. For example, the Commonwealth share of total health services expenditure in Australia rose from 42.2% in 1989-1990 to 47.1% in 1998-1999, whereas the State and local government share fell from 26.1% to 22.9%. Management expectations and approaches can differ between the three levels of government.

- It is an industry where labour is the critical input, representing some two-thirds to three-quarters of total health expenditure. Labour costs are much larger than all other inputs put together, even without taking into account the substantial amount of contributed service (eg by religious orders) and volunteer activity. Labour is also critical for the processes of care and for the relationships between the providers and users of healthcare. There is a large variety of different staff in the CS&H industry, many of whom are highly trained and experienced, and most of whom produce healthcare services in combination with other labour inputs rather than individually. This complicates the challenges facing managers in the industry.

- The characteristics of labour in the CS&H industry are different from other industries, such as manufacturing. The great majority of staff are female; disciplinary perspectives are strong and varied; many staff work part-time and have other important responsibilities. Compared to many other industries there is: a high proportion of operatives holding formal educational qualifications, often at degree level or above; a tradition of continuing education and training, often with an expectation that it will lead to a formal qualification; and a familiarity with articulation.

Can generic approaches, such as the FMI, meet the specific needs and opportunities of frontline managers in individual industries? And to what extent do they need to be specifically tailored for the CS&H industry (or parts of it)?

Literature review

There is a wide range of literature relevant to FMI in the CS&H industry:

- The management literature, particularly that pertaining to the nature of the management function, and the roles of managers and management theory, particularly that on first-line management.

- The education literature, particularly that relevant to adult learning, instructional theory, training, evaluation and assessment.

- The literature regarding management competencies.

- Relevant literature about the CS&H industry - its structures, culture and operations.

- The literature specific to management of health professionals.

Within this broad range of relevant literature there are subsets, such as management education, education issues for health professionals, and management issues for the health sector and the economics of both health and education, each with their own specific literature.

It is not feasible to review the full content of this literature here, but aspects of each are relevant. In addition there are various reports which have led to FMI-type programs, including the Handy Report (1987) and the Constable and McCormick Report (1987) in the UK, the Karpin Report (1995) in Australia, and the material generated by them.

The Karpin Report recommended the development of the FMI, although it was only one of 28 recommendations in the Report. The Karpin Report focused on the role of management in Australia becoming a more competitive player in the global economy. Much more was said about senior management than frontline management. The report was substantially based on the results of 27 research projects, which have been hotly debated. However, 'If we accept the results of the research that led Karpin to his assessment, then these skills obviously need to be developed' (Ellerington 1998, p 177).

The Karpin Report and the Frontline Management Initiative Competencies

The Karpin Report (1995, p 687), listed ten competencies as being essential for frontline managers, as seen by senior managers. These competencies were selected from a larger list developed by Collins and Saul who undertook research into the matter for the Karpin Committee. These ten competencies are listed in Table 1, together with the eleven competencies of the FMI, as set out in the eleven learning guides published by Prentice Hall for the Australian National Training Authority. It can be questioned whether the FMI learning guides and their contents bear any particularly close relationship to the original Karpin suggestions. The implementation is certainly different in that the specific recommendation from Karpin (p 371) was for a National Certificate in Workplace Leadership, consisting of 'up to 20 days structured training spread over a 20 to 40 week period', with participants to be released at cost to the employer.

Table 1: The ten Karpin Competencies and the eleven FMI Competencies

Karpin Competencies	FMI Competencies
Knowledge of job and its context (technical specialist competencies)	Manage personal work priorities and professional development
Problem and opportunity definition (anticipation and planning)	Provide leadership in the workplace
Problem solving and decision-making	Establish and manage effective workplace relationships
Situational insight	Participate in, lead and facilitate work teams
Communication (what and how)	Manage operations to achieve planned outcomes
Influence (ability to influence peers, superiors and subordinates)	Manage workplace information
Team management	Manage quality customer service
Self-insight (understanding own strengths and weaknesses)	Develop and maintain a safe workplace environment
Drive (energy and initiative, persistence)	Implement and monitor continuous improvement systems process
Adaptability (adapts behaviour) to situation	Facilitate and capitalise on change and innovation
	Contribute to the development of a workplace learning environment

Source: Karpin Report (1995, p 687) and Prentice Hall, FMI Learning Guides (Australian National Training Authority 1998b).

Management competencies

The concept of management competencies and what they consist of has been the subject of much debate, and this debate continues. (For example, see Currie and Darby 1995; Dunphy et al 1997; Jubb and Robotham 1997; McFarlane and Lomas 1994; Mclagan 1992; Robotham and Jubb 1996). However, there needs to be some consideration of the functions of managers in determining what they need to be competent at. Thus, it is necessary to give some consideration to different schools of management thought.

The functionalist or classical school of thought, typified by the arrangement of most introductory management textbooks (for example Robbins et al 1999; Bartol et al 1999), classifies the functions of management as Planning, Leading, Organising and Controlling. This functionalist perspective is distilled from such writers as Fayol (1916), Gulick (1937), Barnard (1938) and Drucker (1954)[2]. Essentially the focus of these management theorists is on generic functions and principles of management applicable in any organisation in any situation.

The human relations school introduced the concept of the 'social' manager, placing a very high value on workers as individuals. This body of theory has had a major influence on subsequent understanding of the behaviour of people within organisations. It tends to have an optimistic set of assumptions and values. The most pervasive themes deal with: motivation; group behaviour; leadership, work teams and empowerment; the effects of a particular work environment; and organisational development (Ott 1996). A central assumption is the link between worker satisfaction

and productivity (Stawb 1984), and that managers can learn to release the intellectual potential, creativity and productivity of workers (McGregor 1960).

Other writers such as Mintzberg (1980), Kotter, (1982a, 1982b) and Stewart (1982) developed contingency views of managerial work based on observations of managers at all levels in a variety of organisations in different countries. These writers concluded that the nature of the management task was essentially one of roles and work agendas.

The various theories of what constitutes management can be reduced to 'what' and 'how': that is, what is the manager's task and function?; and how do managers undertake job responsibilities (Shenhar and Renier 1996)? How the various bodies of theory relate to competence becomes definitional. For example, if competence is seen as a 'combination of knowledge, technical skills and performance management skills' (Dunphy et al 1997, p 236), this would support Carroll and Gillens' assertion that 'The classical functions provide clear and discrete methods of classifying the thousands of activities that managers carry out and the techniques they use in terms of the functions they perform for the achievement of organisational goals' (1987, p 48).

There is much debate as to what constitutes management competencies, whether they are measurable and what role they should have in management development. A number of studies have examined the role of competency-based approaches to management development. However, as Strebler (1995) indicates, there are many other variables that differentiate those using competency-based approaches from those that do not. For example, there are differences in the amount of money allocated to management development, the level of evaluation of training effectiveness, and the degree to which training is aligned with business needs. Competency-based trainers tended to be significantly higher on all of these measures.

The criticisms of competency-based approaches focus mainly in two areas: the definition of management competence (for example: Hayes et al 2000; Jubb and Robotham 1997; Kilcourse 1994; Maclagan 1992); and the assessment of competencies (for example: Loan-Clarke 1996; MacFarlane and Lomas 1994; Robotham and Jubb 1996). Other criticisms made by the same authors include the assumptions of generic management and the modularisation of management development based on competence approaches (Currie and Darby 1995). Their argument is that there is a significant contingency factor in management between different organisations, so that 'competences' have to be tailored to specific situations and being competent is greater than having gained a series of competences. There is also the danger that lists of competencies may simply be a reversion to trait theory, particularly if the Boyatzis (1982) definition of competence as a 'trait, skill, aspect of one's self image or social role, or a body of language which he or she uses', is adopted. It is interesting to note that the UK Management Charter Initiative (MCI), rather than discussing generic competencies that define the task of the manager, uses the term management roles and the personal competences that are needed to fulfil those roles (MCI 2000).

The term 'frontline manager' encompasses the first level of line management. It replaces terms such as 'supervisor' and 'foreman'. In Mahoney et al's (1965) analysis of the functions of managers by level, leading was a major function of first line

managers, with organising the next most important, and planning and controlling taking less than 25% of the time allocation. However, with the delayering of organisations, decentralisation of authority and decision making, and implementation of such concepts as 'self-managing teams', or 'autonomous work groups', it is more difficult to conceptualise just what constitutes first line management. Jacques' (1990) extensive investigations over 35 years into the time span of decisional authority at various levels within the organisation suggest that there is a natural hierarchy within organisations, independent of the structural hierarchy (or lack of it). At the frontline management level, Jacques concluded that the responsibility time span is of the order of three months, which is the longest task or project that the individual frontline manager must consider. Clearly, many of those within the health and community services sector, such as unit managers, have responsibility time spans that are greater than this, which has implications for the application of the FMI to such positions.

There is a large literature on management development and this has recently been reviewed (Garavan et al 1999). These authors have also summarised the various approaches to management development and the advantages and disadvantages of each. Their article raises a fundamental issue regarding management development and the nature of management. As they indicate, whilst the action learning/reflection theorists such as Schön (1988) suggest that managers need to be educated to be reflective practitioners, learning by reflection rather than being taught, theorists from the contingency school indicate that successful managers are action-oriented and not reflective (Mintzberg 1980).

Applicability of FMI to the Health and Community Services Sector

Ellerington (1998), in her summary of the FMI, highlights a number of the themes that are potential issues for the CS&H industry. For example, she characterises the profile of the typical frontline manager as 'most probably a person who has left school at age 15', 'gained a vocational qualification and become technically proficient'. The FMI offers 'a national management qualification - and all he or she has to do is demonstrate workplace performance'. Her summary of the FMI also highlights some of its underlying assumptions, such as the irrelevance of 'off-the-job training' and that employers are capable of providing appropriate learning opportunities when gaps in skills are identified.

The literature on the FMI focuses on the relevance of the FMI to the organisation's strategy, emphasising that the success of the enterprise in no small way rests on the competence of its frontline managers and that these managers are important links to achieving the business goals of the enterprise (Australian National Training Authority 1996).

The educational theory underpinning the FMI is that of adult learning, particularly andragogy (Dailey 1984), but with a new emphasis on practical learning and competencies, particularly those for professionals (Beckett 2000). This is of special interest to the CS&H industry, sections of which are highly advanced in this area (ANCI 1998). For example, they are familiar with the organic nature of practical learning, the importance of mentoring and the notion of lifelong learning (Beckett 1999; Beckett 2000; Ballou et al 1999; Hager and Beckett 1998; UNESCO 1999).

However, this may be an example of what Argyris and Schön (1974) identify as the dichotomy between espoused theory and theory in use, as studies have shown that health professionals are not keen on work-based learning, particularly work-based assessment (Currie 1998; Loan-Clarke 1996). Further, the evidence from two studies into management development of health care professionals (Currie 1998; Loan-Clarke 1996) raises questions about the relevance of competence-based programs and qualifications such as the FMI. Both of these studies found that health professionals, particularly graduates, attached little value to nationally certified vocational qualifications based on demonstration of current competence.

Kolb's learning cycle (Kolb 1984) grounds management education and management development in experience and reflective practice. This has been affirmed with management development programs for health professionals (Currie 1995). However, it is often overlooked that Kolb's learning cycle includes moving from abstract concepts to testing their implications in practice. Thus, it accommodates both deductive (moving from abstract concepts to testing) and inductive (experience and reflection approaches) (Vince 1998). Consistent with this is the application from modern psychological theory of the distinction between declarative and procedural memory, leading to an understanding of the dynamic relationships between memory and learning (Thurston 2000). This emphasises that 'the acquisition of skills through procedural learning depends initially on the conceptual knowledge that she/he has acquired through conceptual learning' (Thurston 2000, p 13). For example, a carpenter who has mastered woodworking skills cannot apply these effectively in the absence of an understanding of the principles of structural design (Kim 1993). Thus, in the management arena, it is important for managers to have a basic understanding of the capability of organisation systems and why they function in the way they do, for otherwise they 'lack the systemic understanding necessary to apply basic problem solving skills effectively to complex organisational issues' (Thurston 2000, p 13).

Both the management literature and the management education literature stress the relevance of theory. Many of the management theorists, such as Mintzberg (1999), Weick (1994), Morgan (1994, 1997) and Schön (1994), address educational issues. Bigelow, writing as editor of the Journal of Management Education, says:

> Theory is essential for effective management education. Good theory generates relevant organisational and management learning and outcomes. Theory activates complex insights and catalyzes foresight about causes, patterns and consequences of important organizational and management behaviors. (1998, p 678)

Fayol (1916) argued that management would not be taught effectively until it had a theoretical analysis of management activities, whilst Reynolds (1999a, 1999b) espouses the importance of a critical pedagogy in management education. All of these management theorists stress the need for both theory and critical reflection in management learning.

Whilst most of the health management literature is taken up with issues such as case management and financial concerns, or the more general issue of professional development, there is a consistent thread of literature concerning matters that affect management within the healthcare industry (Cunningham 1999; Guthrie 1999; Johns

1996; Newman et al 1996). Of interest is that the industry is currently taking up the concept of evidence-based practice (Cowling et al 1999), which is consistent with the demonstration of current competence approach of the FMI. However, mention has already been made of the reservations that some health care professionals have expressed about competence-based approaches to management development (Currie 1998; Loan-Clarke 1996). It is suggested that two factors contribute to this particularly. First, health care professionals tend to be primarily concerned with personal career development, rather than enhancing their contribution to the general management competence of the organisation. Secondly, they dislike what they perceive as the overly mechanistic approach to management development of competence-based training.

The organisations and interviews

The perspective of those who provide and use FMI training is the focus of this paper. Interestingly, it did not prove easy to locate providers and then match them with users. Despite a thorough initial search, there proved to be other providers and users of FMI in the CS&H industry in Victoria that were not originally located. Similarly, some of those in the initial set of providers selected for interview, whilst claiming to provide FMI to users in this industry, were not actually doing so.

Initially, the data available at the CS&H ITB was used to identify providers. Further providers were located through our teaching activities and through various contacts in management education and the CS&H industry, including the State Department of Human Services. Finally, the work-in-progress presentation on the project given at the CS&H ITB Conference in June 2000 resulted in some additional providers (and users) making themselves known to the research team. Users were selected so that there was a match between providers and users. With one exception, there was at least one user organisation in the CS&H industry interviewed for every provider to the CS&H industry interviewed. Care was also taken to identify and interview providers offering an alternative to the FMI and users who had decided not to pursue the FMI, with again a match between user and provider.

Managers of eleven provider and eleven user organisations have been interviewed. Their diversity is indicated in Table 2. They were diverse in terms of their location; five of the providers and seven of the users were located in Melbourne, and the others were located elsewhere in the state. The six non-metropolitan providers covered five different areas of Victoria. They included two providers in a large non-metropolitan city and three in smaller country centres throughout the state. The non-metropolitan user organisations were located in the south and west of the state. One non-metropolitan user organisation in the north-east of Victoria declined to be interviewed.

Table 2: Scope of the project

	Public	Private	Large	Small	Metro	Regional
Providers	✓	✓	✓	✓	✓	✓
Users	✓	✓	✓	✓	✓	✓

Both public providers and private registered training organisations (RTOs) were involved. Overall, there were six public providers and five private RTOs, of which two and four respectively were located outside Melbourne. All of the six public providers were TAFE colleges. Of the five private RTOs, two were in adult and community education (together with other activities); one was a major metropolitan provider of management training which operated throughout Australia; one was a community-based organisation in a major non-metropolitan centre; and one was providing FMI for a particular organisation in the CS&H industry. Some of the public providers were using profile hours for FMI, others were using fee-for-service through their commercial arm, while there were cases where both approaches were employed. Some TAFE Institutes were providing frontline management training through their social and community services departments, whilst others were providing it through their business studies departments. User organisations included public and private, including religious-based organisations.

The organisations varied greatly in size. There were some large providers. One (private) organisation stated that they were running 44 FMI programs in the first half of the year. Another (public) provider stated that they were running about 30 FMI courses a year at present, with 'hundreds of participants'. Those interviewed were generally sensitive about precise student numbers, costing and other matters that were seen as commercial-in-confidence. Other providers, especially those in the country, were much smaller. For example, one provider in a country centre was providing FMI training for two groups in outside organisations within the community services and health industry, with ten and six participants respectively. Another country provider had 30 FMI students during 2000, including eight from the CS&H industry. Similarly, user organisations included: large metropolitan hospital networks; specialist hospitals; large and small disability service organisations in both metropolitan and country locations; community service organisations; and discrete units of larger organisations. These are indicated in Table 3.

Table 3: Type of community and health service included in study

Type of service	Provider organisation interviewed	User organisation interviewed
Paramedical	✓	✓
Nursing service	✓	✓
Teaching hospital	✓	✓
Specialist hospital	✓	✓
Welfare agency	✓	✓
Disability services	✓	✓
Aged care	✓	✓
Child care	×	×

Some providers were undertaking FMI training primarily for themselves. Nine of the providers, of which six were public providers and three were private RTOs, were focused on providing FMI for external organisations. Two providers were providing FMI training programs internally, as part of the development of their own frontline

managers, with the intention of providing it at some time in the future to external organisations, including organisations in the CS&H industry. One of these was a large CS&H organisation which had registered as an RTO primarily to provide FMI to its own staff. A third of all the FMI providers had used FMI initially for the management development of their own staff and then proceeded to offer it to external organisations. As one provider put it: 'After the experience of providing FMI training to our own staff we feel we have a product to offer'. These FMI providers were generally smaller organisations and tended to be located outside Melbourne.

The interviews

All of the interviews were conducted face-to-face, with the exception of one provider in a remote location in country Victoria who was interviewed by telephone. Prior to the interviews managers were contacted in writing to request their agreement to participate. Included with the initial letter was a plain language statement setting out the purpose of the research and a consent form to be signed by participants, in accordance with the approval granted by the Human Ethics Research Committee of the University of Melbourne. Interviews lasted between three-quarters of an hour and an hour. All interviews were taped and the transcripts, after typing, were checked against the tape for accuracy.

The interview was conducted by reference to a semi-structured interview schedule. Most interviews followed a similar pattern, although there was some variation to cover the diverse situations of different organisations and exploration of particular points of interest that arose. Additional written material was sought from organisations, although relatively little was provided. The interview was structured around four main areas of interest:

1. What FMI programs was the provider offering for the CS&H industry in Victoria, or what FMI program was the organisation undertaking, and what was their current experience of FMI?

2. What were the reasons for providing (or not providing) FMI training for the CS&H industry, or why did they undertake (or not undertake) FMI training?

3. What did the person being interviewed see as the main strengths and weaknesses of the current provision of frontline management training for the CS&H industry in Victoria?

4. In what ways, if any, would they change the provision of FMI training in the light of their experience?

Findings from the interviews

Variation of the FMI programs

There were considerable variations in the FMI programs provided and undertaken by the organisations. There were also some differences among participants, with the majority having chosen to participate in the frontline management training, while a few had been instructed to go ('they were the ones who were most difficult to deal with'). However, there were two broad models anchoring each end of a range of provision.

In the first model, FMI was essentially viewed by the providers as being conceptually similar to programs of management development which they had provided previously. The program was quite formal in its mode of delivery, including 'lectures' (user terminology), and in one case a two-day, live-in session at the beginning of the program. In this model, regular workshops were held for participants approximately once a month for most of the year, but varying with the level of the FMI program being offered (which ranged from AQF4 to AQF5). The workshops were 'off-the-job', with work time allocated by the user organisation.

There were work-based projects, generally of a very applied and practical nature, to be undertaken by participants between the workshops. Reading, application of principles identified in the workshops and a heavy element of contextualisation were all involved. Stress was placed on the role of mentors and/or coaches. Considerable emphasis was also given to assessment. The provider assumed responsibility, not just for the assessment of an appropriate process, but also for assessing that the specific competencies had been attained and were being applied by the participants in their workplace. As one provider commented:

> The whole point is along the lines of you actually are achieving competence, so you might need to go back until you achieve competence and giving them something to work towards. - You've got that opportunity to go back into your workplace and work until you achieve that competency.

There was a focus on the perceived quality of the process and that the participants should see it as a quality program. As one user commented 'While we value people we want to see a quality course given', and

> generally you see, after the two day live-in program - there's the 'Oh my God, look at the amount of work' because - once they get into it and start looking at the quality of the information that they're getting and its relevance to the [organisation] - they're very task oriented people.

There was a close partnership between the FMI provider, the participants and their organisation throughout the training program. This model of FMI provision was the one adopted by the largest public and private providers. It was the one undertaken by the large organisations and with people who had higher levels of formal educational qualifications. In these instances there tended to be a good strategic fit between provider and user organisations.

The second model placed more reliance on workplace assessment and the identification of gaps in experience or management competencies. There was less emphasis on workshops, on management theory and on assessment by the provider of management competency levels achieved by participants. There was a greater relative emphasis on the proper process for assessments and a greater reliance on the industry partner for the assessment. This model could work well in certain circumstances, and it may be the only model in which particular enterprises would participate. 'The main advantages are reason to do it, because it's not like their going back to school', and 'I think the more informal way, certainly in FMI is important. They need to learn as fun'.

Both users and providers stressed externalities associated with the learning, such as increased confidence and sense of self-worth, and that the participants had no formal qualifications. 'Most of them have no qualifications whatsoever. Most of them are housewives. Most of them also work part time only'. It was argued in the interviews that this approach is better able to accommodate the realities of work pressures in the modern workplace, and permits short term adjustment to other organisational priorities when necessary. In a number of cases where the provider adopted this approach, assessor training was an important part of the FMI program.

Where gaps in competencies were identified for a participant, and sometimes this was due to the nature of the participant's work role in the organisation, an effort was frequently made to incorporate particular development opportunities or relevant project work -

> I've actually got a copy of one of the projects that has been finished for one of the supervisors who is a particularly bad communicator. Her project was on communication. (manager of a user organisation)

Where organisations face new challenges, are seeking to operate in improved ways, and believe that FMI training can assist them in pursuing their objectives more effectively, it was argued in the interviews that this approach can raise industry interest and generate continuing commitment from both the organisation and the participants. However, it was less clear what mechanisms would operate to identify promptly any problems that might arise and how they might be adequately addressed. Some respondents expressed particular concern in this regard - 'Well the danger is, because you're not running every candidate through the same examinations or assessment, it is very variable how they're going to be assessed' (manager in a user organisation). In general, both the providers and users who adopted this approach tended to perceive the FMI as conceptually different from many earlier programs of management development, believing that learning was strongly focused on processes and reflection within the workplace.

However, providers taking both approaches tended to agree that industry has a tendency to focus on training to meet short term needs. For example, one provider commented that 'time and again we actually have to cancel or postpone training sessions because there's been a sudden influx'. Another provider noted that 'there still tends to be a fairly strong culture of just responding to the immediate need'. In contrast, they saw the FMI as a strategic process which contributes to enhancement of the competencies of frontline managers in the longer term and which has the potential to influence the wider organisation in which they work.

Providers taking both approaches saw a need to educate industry about the differences between FMI training and many traditional management development activities. One provider commented that 'one of the things that worries me about what I have seen about some of the FMI information that's available, particularly on the internet, is that it's just another course. And its value is in effect that it's not'. Interestingly, while the FMI learning materials were generally found to be helpful, the interviews revealed that few of the providers were using them and few of the users were aware of their existence. Partly this was because the needs of participants in the FMI programs varied, as did the activities of the various organisations and their level of management sophistication. One small country provider organisation

commented 'We're glad the eleven books are there, it helps us as we go way beyond them'. One large private provider said: 'We don't use the Prentice Hall books. We are glad they are out there in the market, but we have developed our own material'.

Issues were raised in three related areas. The first regards the level of general management theory required for FMI participants, especially for those primarily undertaking FMI in the workplace, in a specific organisation with a limited mission, or for providers coming from a management education focus. When the largest public provider was asked how much of the eleven Prentice Hall modules they actually used in their FMI programs, the response was: 'I don't think we use them a lot ... We think it was a very good start ... And I know they have revised it ... But our facilitators would not be drawing on it very much, because to be honest we didn't find it very helpful'.

The second issue is the extensive contextualisation which occurred, so that the FMI was often the initial platform from which a management training program was developed, rather than the training program itself. Contextualisation has important benefits, but it presents difficulty for those whose work only involves a limited range of management competencies. There were particular issues here for some organisations (both large and small), for example where frontline managers did not require financial knowledge. As one manager of a large disability services organisation commented 'I mean most of the team leaders - they don't do the budget'.

Another comment concerned the particular characteristics and culture of organisations in the community services and health industry:

> A lot of people in human services don't see management and human services sitting well together. The whole two years they are here, sometimes they struggle with those concepts ... they don't like the concept of management, because we're caring and sharing people, and management doesn't really sit well with our philosophy.

Another large public provider of FMI programs emphasised that they

> adhered very much to the adult learning principles, which is that you need to look at the individual adult learner and to give them recognition and a process whereby you provide an individual development plan that is suited to their situation, their experience and their needs. And that links directly to their actual job.

Third, if participants move elsewhere, will they be able to demonstrate competency in the areas, perhaps rather different areas, required by the new organisation for frontline managers?

> Yes, ... the transferability of the skills. And that goes back to the assessment, in my opinion ... Now what we say is, that unless the person can demonstrate the 157 competencies on the job, we will not find them competent, no matter whether they've got an MBA or whatever they've got.

Other comments stressed the importance of current competency, rather than competency some time ago. A country respondent asked: 'if that person left and

went to another ... like, industry, would that company agree that they are competent?' There were differences among the users, however. Some felt that the learning would be transferable ('I think it's transportable and they'd be able to take it with them'), but others felt that this would be true only if the participant was moving to a similar position in a similar part of the industry or a similar type of organisation.

Only one of the providers was offering FMI at AQF level 3, AQF level 4 and Diploma level, and only one organisation was undertaking it at AQF level 3. Most organisations were involved with it at certificate IV or Diploma level.

Reasons for providing or undertaking FMI training

The interviews suggested that there were two main pathways by which providers came to offer FMI training.

For the first pathway, they provided it as an extension of management education activities in which they had already been involved. For example, a TAFE college in regional Victoria had been providing management development programs for a major local business for a number of years. When the FMI materials became available, they incorporated them into their program. However, the college's 'mode and method of delivery had not really changed much'. A private provider in a non-metropolitan city gave a similar response. They already provided management training, such as workplace leadership, their activities were growing and they 'added FMI to the existing suite of programs'. The largest provider of FMI training was a private RTO based in the metropolitan area and specialising in management education and development. They saw the opportunity to add FMI training to their existing suite of programs, such as certificates in workplace leadership and in workplace development. Similarly, two large metropolitan TAFE colleges commenced FMI programs following on their previous provision of management training to clients in a range of industries, including CS&H.

The second pathway arose from situations where organisations perceived a need for change and saw FMI as a part of the process for achieving it. They used FMI for their own staff development and organisational change processes, and once they had undertaken that process internally, they saw the opportunities to provide FMI training for frontline managers in other organisations. However, one organisation that had used FMI training very successfully for developing its own frontline managers has never offered it outside the organisation, but would consider doing so in the future. Given that it is early days with the development of the FMI and that it takes some time to move through the various stages, the practice may become more widespread.

User organisations emphasised that a major driver of the FMI, or similar management training being undertaken, was organisation change. 'We restructured the whole way we do things here - restructured the whole operations of the department and reduced operating costs by $1 million', or

> The middle of last year [we] gathered at [country town], it's called the [country town] direction, but they actually stopped and really thought 'where are we going, what should we be doing' - so that at that stage [the organisation] was saying 'we need to have a big cultural change, we need

> to become a value organisation'', or 'Oh we've had three or four CEO changes over the last four years, it's been in uproar.

Yet again - 'We did a service review two years ago'; or 'rationalising our management structure here, new CEO'; or 'well we've been going through - what with being a public hospital, we were moving from the network system, the new health services, so there was all these sort of changes happening'.

Every user organisation cited major change occurring in the period from one to two years prior to their investigation of the FMI as an important driver for them to undertake frontline management training.

Providers commented that when they provide FMI it is often for organisations which 'are looking at change' and 'seeking new ways of working'. Typically there was a new CEO, the organisation had been extensively restructured, senior management was seeking to change the organisational culture and there was external pressure to review policies and practices. FMI training was viewed as a significant element in the change process. Thus, the change motivation could be derived from internal pressures on the provider or external pressures that influence potential clients to seek frontline management training.

But FMI also brings change and an interesting example was provided by a large organisation delivering services in the community services and health industry. They were using FMI extensively as part of wider organisational changes. The organisation is starting to incorporate the FMI competencies into position descriptions across the agency. The position descriptions are being moved from task descriptions to a greater emphasis on competencies. The FMI has provided, for the first time in the organisation, a framework for putting nurses and non-nurses together in relation to the consideration of management competencies for individuals and the management development requirements of the organisation. The FMI training for frontline managers had linked into top management's strategic plans for the overall organisation. Senior management had become more aware of the need to identify core competencies and how to achieve them.

The enterprise argued that the FMI program had been valuable in making this connection more visible to staff throughout the organisation. Similarly, other organisations commented on changes resulting from the increased confidence of staff and their increased understanding of management. So a small country centre staffed by a volunteer board of management is faced with a FMI participant questioning the investment policy of the organisation. A hospital that has a hotel unit as part of its operations has had a participant develop a brochure for internal use on hotel operations in order to increase staffing flexibility. Several organisations pointed to increased inter-departmental communications and improved networks.

Strengths

In general, the FMI was supported as a useful development by the organisations who were interviewed. The largest public provider commented that 'I think they have got it basically right'; and the largest private provider stated that 'I probably wouldn't want much changed'. The providers noted four particular strengths.

The flexible and industry-focused nature of the FMI

As the largest public provider of FMI programs said: 'Its strength is it is industry driven and client focussed. Client responsive'. And the largest private provider of FMI said that 'it encourages partnerships with industry' and emphasises the importance of 'talking to the client'. A large community services and health organisation in Melbourne argued that the FMI program it was running internally was proving good for frontline managers - good for their workplace relations with more senior staff; beneficial for organisational procedures; and good for longer term organisational development.

Another provider, this time a TAFE college in a non-metropolitan area, stressed the value of the FMI in providing additional opportunities for learning on the job by frontline managers. Similar comments were also made in the interviews with most of the users, even if the strengths had not always been realised in their programs. So one user organisation that had experienced many problems with the FMI saw the strength as 'because the FMI is so competency based - we could steer it through the committee and - we had some control over it'. The flexibility was often a decision to use a particular supplier – 'the management group interviewed three and thought that [provider] was more flexible'. Another organisation, not using the FMI, saw 'the advantages that are offered by the FMI are an emphasis on the recognition of current competencies'. This is linked with flexibility by many of the people interviewed, and with a workplace focus by others.

Strengthened assessment and contextualisation

The FMI strengthened assessment and contextualisation compared to what was provided previously. One provider delivered the program in 'five individual ways for the five separate students'. (They noted that 'calling it a course is an aid to marketing'.) As one user noted, 'we've coordinated particular projects throughout the course, but we've tailored them to work situations'. Another user commented about a provider: 'Their attitude to tailoring the course – they were sort of, OK, we have these broad principles on frontline management and you tell us what you want to achieve as an industry. We want to learn about your industry and then we'll come to an agreement about what the course content should be' - and later when discussing the material supplied to the participants - 'there's information on anatomy and physiology and processes that relates exactly to what they do – the work books are tailored and they see words like - and it makes it very relevant'.

Generally the FMI modules were supplemented with other material, sometimes very extensively, as indicated in one case. The management educators particularly stressed the importance of incorporating management principles in the program; the need for reading, reflection and consideration of other circumstances; and interaction with other participants. These aspects can be included in an FMI program, but they were not included as much by some providers as others.

Formal qualification

The FMI provided the opportunity for workplace competencies to be assessed and for a formal educational qualification to be obtained, where this had not previously been possible. This had both equity and efficiency implications. These improved opportunities were well-regarded by frontline managers themselves and by the senior managers in their organisation. As one senior manager in a hospital

commented about one participant 'this lady is a highly qualified person and what I did say to her, all you've got on your CV is nursing qualifications. Now at least you've got the opportunity to put something like that there'. Another commended the provider for 'holding a graduation ceremony here – it's a fairly big event'. One organisation noted that the FMI program had also provided the opportunity to improve the structure, delivery and outcomes of their in-service training. Recognition of competencies provides the basis for further education, training and articulation.

Contribution to wider objectives

Finally, in a number of cases, those interviewed commented that the FMI program had contributed to wider objectives. For example, it had enabled participants to increase their levels of competence in particular areas, to become competent in additional areas and to improve their overall performance in the workplace. It had also provided participants with a sense of satisfaction and achievement. The FMI had, in some instances, resulted in improved mentoring and on-the-job support for participants and led to improvements in workplace relationships. Providers stressed the 'ongoing and continuing' impact of a successful FMI program:

> The FMI program is leading the organisation to examine its structure and operations. It has had a strategic flow-on, which was only partly expected at the beginning. FMI is identifying people who can give more to the organisation and who can develop further ... - FMI can be much wider than just a course.

Weaknesses

Although the eleven providers were generally supportive of the FMI developments, some weaknesses were also identified during the interviews. Many of the weaknesses identified by user organisations, however, were concerned with problems with delivery of the program. For example, one user organisation identified as a weakness the lack of training for mentors and coaches. It is evident that, where there was a good strategic fit between the provider and the user, organisations found it difficult to identify weaknesses with the FMI.

Questions also have to be asked about the appropriate match of the FMI to the participants, and the inappropriate use of the FMI as a general management development tool. As the manager of one organisation not using the FMI commented, when comparing the British MCI and the FMI:

> I mean, the usefulness, it seems to me of the British ones was because it also gives senior level, which they say is at the level where a person's reporting to the Board, which matches our directors' level. And the FMI sort of has a small set which are differentiated by degree through the levels of qualification, but don't necessarily clearly enough delineate what the essential competencies are for the senior people in the organisation.

Another hospital manager talked about senior staff in paramedical fields who are highly qualified, who have done management courses at the Mayfield centre (a training centre within the CS&H system in Victoria), yet who have been persuaded to do the FMI and are then critical of it.

Fears about quality

Concern was expressed about: the extent of management theory and discussion of general principles in the FMI program; the degree of integration between context and overall principles which can occur; the limited time available for reading and reflection; and the extent to which some programs concentrate on the processes by which competencies are assessed, rather than attesting themselves to the competencies achieved and demonstration of their application in the workplace. These concerns were articulated primarily by providers who were management educators, but also by some user organisations. There was general agreement that the FMI can provide a high quality program of frontline management training, but some concerns were expressed about whether all of its variants necessarily do so. One non-metropolitan provider running FMI training for a range of industries, including community services and health, commented that the FMI program needs a reasonable length of time to be effective, but that 'some organisations may want to do it quicker'. Certainly, there was a wide variation in the time over which the program ran and the time commitment required of participants.

This mirrors more general concerns expressed by Schofield and Smith about the quality of traineeship programs in Queensland (Schofield 1999; Smith 1999). In her review of the quality and effectiveness of the apprenticeship and traineeship system in Victoria, Schofield noted a significant level of anxiety about the quality of training (Schofield 2000). She concluded that the combination of multiple modes of delivery, multiple training providers and multiple and very different workplaces is making it harder to manage, monitor and control what actually happens in all training for all apprentices and trainees across all sites. A number of users, as already discussed, were concerned that FMI training be seen as a quality program.

Concerns about assessment

Both providers and users expressed concern about assessment. The largest public and the largest private provider of FMI emphasised that they took responsibility for assessment. However, in some cases the provider of the FMI training, while taking responsibility for ensuring the processes by which competencies were to be demonstrated were adequate, saw it as primarily the responsibility of the user organisation to assess participants. One user was particularly critical of variability in assessment; 'because one middle manager passed on her first assessment - I mean because most of us have been through uni, - it seems you don't have to do much to get a diploma'. Later in the same interview she comments 'they seem to expect a lot more [when assessing] from a person in this position than they do from a middle manager or house supervisor'.

Another interviewee stressed the importance of performance and standards among assessors. Reference was made to 'a large client - you always have a real dilemma in balancing the education outcomes with the client requirements'. A small private RTO in a country town asked for further guidance on the factors to take into account, and how to distinguish between FMI performance at level 3, level 4 and Diploma level. He said that the FMI 'allows a lot of room for interpretation. Assessors can go into it rather differently. It is much less clear cut than in, say, hospitality'.

Lack of interaction between participants in some cases

In some cases there was little interaction between participants. There were very few cases of FMI programs in which CS&H participants from more than one organisation were involved. Only one instance emerged where the FMI program of the provider enrolled participants from the CS&H industry and also from another industry. Many other interviewees, both providers and users, thought it would be a positive experience. Only in four large organisations were there people from differing backgrounds undertaking the program together. The other FMI programs in community services and health enrolled participants from one organisation and generally from the same work speciality. Yet where greater interaction did occur it was seen to be positive:

> [The participants] reflect from each other in terms of what happens in one work environment may not happen in the other, and the experience gained by listening and learning and interacting - it does prompt and bring discussion out in other people that may not occur if they work from the one workplace.

The interaction between participants also reflected the style of the program. In the less formal programs where everything was done at an individual level - 'five FMI programs for five participants', as one provider described it - there was little discussion between participants, as they rarely met as a group.

Costs of the program

The FMI is an expensive program to implement properly in an industry where cost is a major concern. The largest public provider stated bluntly that the full FMI program cannot be delivered properly at the profile rate. One (public) provider commented that

> in fact I have personally directed a number of [profile] hours into the community services area which wasn't necessarily ... which wasn't actually in my business interest to do so, but because I felt I had a commitment to do so. ... What I do is cross-subsidise community services by giving them all the material I've developed in my fee-for-service area.

The private providers, of course, sought to charge enough to cover their costs of providing the FMI; and some public providers had decided not to fund FMI for the CS&H industry through profile, but through their commercial arm (which limited business from the CS&H industry). Whilst for many providers the costs charged to the user were 'commercial in confidence', it seems that there is at least a three-fold variation in costs charged by various providers. There were also variations in what was offered in the program. For example, some providers included costs of training mentors, whereas in other programs it was additional. Consequently, a number of users had FMI programs in which there had been no assistance given to mentors.

Contextualisation and transferability

The providers generally supplemented the FMI modules and used the package of materials as a platform for frontline management training rather than as a fully self-contained program. A large public provider of FMI programs stated that they do not use the FMI modules much, although they recommend that their clients obtain them.

Another provider in a non-metropolitan city commented that 'they're useful tools those Prentice Hall books, but I don't think you really learn much from just going through them'. A large community services and health organisation in Melbourne ran into difficulties with its first FMI program in 1999 and changed its approach for 2000. It still used the FMI material, but has 'brought in quite a lot of additional material', including more theoretical elements and a greater focus on underlying principles. It has also brought in a consultant in the area of management development, who works with the organisation in delivering the FMI to its frontline managers.

Another private provider in a large non-metropolitan city stated that 'the FMI needed to be moulded, over two years, to really fit our needs'. Another organisation that had evaluated the FMI and decided against using it commented: 'it's generic, the FMI. Unless it was changed so that it's more specific – and I mean [organisation's name and function] is pretty, you know, specialised, its pretty specific'. Another organisation not yet using the FMI expressed concern about this aspect: 'the reason we're going down that path instead of the FMI was because of the view that the mechanistic process of the FMI framework would require a fair bit of tailoring to our sector and I wasn't prepared for us to go down that path because the resources weren't ever going to be available'. Whilst some providers are successfully tailoring the FMI to the needs of the industry and individual clients, clearly there are concerns regarding the extent of contextualisation needed for this industry.

The extent of contextualisation also raises questions about the transferability of the training to other contexts. The training manager in a large community service organisation expressed this concern with reference to the language used in the FMI not being the language used in the CS&H industry. The language in the FMI materials was seen as 'very much about manufacturing, but we were aware that we didn't want to cause the program to be altered to such an extent that we would actually impede people's ability to take that training into another industry'. Others felt that the training would be transferable, but only if the person moved to a similar context.

Misfit and match

Whilst all the providers sought to match their FMI provision to the users, there was not a good strategic fit between provider and user organisations in all cases. Clearly there was in the instance where the provider and the user were the same organisation. This was also the situation of: the organisation not using FMI and their provider; between two of the organisations using a very formal FMI provision and their providers; and between one organisation and provider of an informal FMI program. Some reasons for the misfit can be seen to be due to provider behaviour, whilst others seem integral to the FMI itself and raise questions regarding the appropriateness of the FMI in its present form for this industry

Intimate knowledge of the terrain by the provider

As mentioned in the introduction, the concept of 'fit' is borrowed from the strategy literature and can be likened to an intimate knowledge of the terrain, rather than having a map. It is clear that where a misfit occurs, a significant component is due to

the provider not having an intimate knowledge of the terrain of the CS&H industry and the particular organisation to which they are providing the FMI training. There are comments such as this from a hospital manager.

> Really they need briefing on how hospitals function - they [participants] find all of a sudden the date's been changed - appointment times have been changed. And [organisation] still doesn't appreciate that that shouldn't be the case. The [organisation] person turned up in the middle of the ward round and said 'I'm waiting to see you'. You can't do that.

This of course contrasts with 'and they did some extensive study on the background of [the organisation], it's operational needs, its infrastructure and particularly the roles of management and the frontline manager within the industry', or 'he [the program director provided by the provider] really got into our organisation and had a look at the culture –'. In the situations where there was a good strategic fit, the provider organisation had not only committed a person to liaise closely with the user organisation, but had provided adequate time for that person to intimately get to know the industry and that organisation.

Mentoring and coaching

In the situation where there was a good fit, training of the mentors and coaches was part of the program and part of the up-front cost. Where there was a misfit and organisations discovered that either there was no support for mentors and coaches or there was an extra cost involved, then there were difficulties. The training manager of a large community service organisation complained:

> We were led to believe when we first negotiated with [provider] that there would be training available for mentors and coaches. But subsequently we found that that's not a part of the process, unless we wished to put them through another course - That's been a very big problem - 3 months into the course and a workshop for coaches was held where the [provider] staff tried to go through the role of coaches and mentors and the coaches wouldn't let them - They feel that they've been cheated.

Or a comment from the manager of a specialist hospital: 'and they offered us to go do the mentors' training course, but I've backed out of that – I'd already invested $25,000 so I wasn't going to pay another $10,000'. The providers in question were also the ones who were not taking the trouble to understand the special features of the CS&H industry.

Assessing

In the situations where there was a good fit between provider and user, and the strategic purposes of the user organisation were being met through the FMI, no concerns were raised about assessment during the interviews with users. In the other organisations, assessment was a major concern. A CEO of a smaller disability services organisation commented on the assessment process: 'wander in here and say, 'hey have you done this?', tick, your halfway to a diploma'. Another CEO quoted a participant who had put 'responded to a request by the CEO for feedback'; 'as long as you put in some time then you are competent. It should be advertised as an assessment tool rather than a course where new information has been learned'.

Another training manager of a large disability services organisation expressed concerns about the demonstration of current competency: 'Some people really freaked out and they came with reams and reams and reams of evidence that they really didn't need. Some people put in that much [small amount indicated with hands] and passed. So - ?'. Others expressed concerns that this was a nationally accredited certificate, but the assessment seemed so variable. Several providers commented that the FMI material needed more guidance for assessors.

Mode of learning and qualifications

It is clear that the FMI, in its original concept, meets the needs of sections of the community services and health industry - eg in those areas where staff have had little formal education and would not contemplate formal education processes. In those areas, when focused on demonstration of current competence and workplace-based, individual assessment, for the greater part the FMI appears to have been a positive experience for the participants, the organisation and the provider. It must be remembered, however, that these areas represent a relatively small proportion of the sector. The large groupings within the CS&H industry are characterised by staff with high entry level qualifications who are encultured into formal education processes. So, the human resources manager of a specialist hospital talked about 'lectures' in the FMI courses being run, and commented that:

> like if they go into the RPL situation of sort of you know the portfolio so a lot of them have sort of looked at that and thought, there's more work in trying to put that together. Better off just doing it as part of the assessment and saves us a lot of time.

Similarly, another successful program commenced with a live-in, two-day workshop and had a day per month off-the-job format: 'it mirrors very much what the guys are used to'. Whilst in another situation where there was a misfit: 'We really need to have that very clearly explained I think at the beginning - and that you aren't missing out on something, not having sat in the classroom for the full 40 hours'. The suggestion here is that there needs to be a match between the preferred learning style of the participants and the style of delivery for there to be a strategic fit; and that there appears to be a correlation between the extent of formal education among participants and the formality of the provision of the program.

Is the CS&H industry different?

Central to the wider picture of the fit of the FMI to the industry is the question of the uniqueness of the CS&H industry. It is clear that the managers of provider organisations perceive the industry to be different. On the user side, the manager of a specialist unit in a regional hospital expressed this as a sense of responsibility to the community:

> as a corporate citizen, I think we need to do that as well. The hospital is going to be in [town] well and truly longer than I'm going to be here. So we need to develop the Department that way. Now private businesses don't think that way. They're thinking for immediate profits. So it's just finding that balance with funding and - I feel because I work for the hospital, it's my responsibility to do that. Yes. I've just put on apprentices because - . I don't want them, - but I feel we've got a responsibility to the community.

Another respondent commented: 'we have to become a values organisation'. In another organisation run by a religious order, the training manager discussed the five-day induction program for new staff and noted that two days are spent on the culture and values of the religious order. Another training manager did not think that the CS&H industry is different from other industries with regard to management training, but 'the values and attitudes type stuff, that's absolutely critical', and 'having people who are involved, that humanistic caring about people attitude'. Others talk about the 'people' focus of the industry. These are values that need to be embodied into the delivery of the FMI if there is not to be a misfit in this particular industry.

Concluding comments

The interviews with the eleven providers and eleven users of FMI training to participants in the community services and health industry in Victoria raised a range of interesting issues.

The training for frontline managers was varied. It met or didn't meet a variety of requirements in enterprises. There was a spectrum of types of FMI programs offered, with a good fit being seen at both ends of the spectrum: the very formal and the very informal training methodology. The significant differences between the FMI programs that were provided reflected important differences between both the providers, including their ability to have an intimate knowledge of the CS&H industry, and also the organisation to which they delivered the FMI program. The differences reflected the providers' ability to contextualise the FMI to the client and the varied needs of the clients.

The FMI program was industry driven as intended, and this can be a major strength of the approach. However, it was not apparent what safety net exists to prevent a deterioration in quality training and outcomes where the approach does not work so well. Concerns were expressed about the quality of some assessments and the portability of FMI qualifications. It is not clear that the FMI delivered by one organisation is the same qualification as that delivered by another organisation, at the same level. The FMI approach is demanding for both the training provider and the users.

The FMI training was frequently related to wider changes in the enterprise. All of the user organisations had undergone significant change in the previous two to four years and this was seen as an important driver for undertaking the FMI program. The interaction between change and FMI training appeared to operate in both directions. The changes in the broader environment acted to stimulate FMI training, while the FMI was part of the process of adjusting to change. The interaction could result in continuous improvement and a learning organisation.

Finally, there were aspects relating to the funding, costing and charging of these FMI programs which can affect what FMI programs are provided, the quality of the mentoring and coaching, the assessment processes, the quality of the programs, how they are organised and delivered, who provides them and who participates in them. These aspects can have significant implications for both efficiency and equity. The

evidence of this study suggests that these matters warrant further attention than they have received so far in the changing marketplace for VET training in Australia.

Notes

1. The project has been funded by a grant from the Australian Research Council and is a joint project between the University of Melbourne, Monash University and the Community Services and Health Industry Training Board.

2. For example: Fayol defined the functions of management as being to Plan and Forecast, Organise, Coordinate, Command and Control; and Gulick defined the activities of management as being Planning, Organising Staff, Directing, Coordinating, Reporting and Budgeting.

References

Australian Institute of Health and Welfare (1999a) Australian Institute of Health and Welfare, Health Expenditure Bulletin No 15: Australia's health services expenditure to 1997-98. Canberra: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare (1999b) Australian Institute of Health and Welfare, Welfare Services Expenditure Bulletin No 5. Canberra: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare (2000) Australian Institute of Health and Welfare, Health Expenditure Bulletin No 16. Canberra: Australian Institute of Health and Welfare.

Australian Nursing Council Incorporated (1998) ANCI National competency standards for the registered nurse and the enrolled nurse. Australian Nursing Council Incorporated. http://wwwanciorgau/competencystandardshtm.

Australian National Training Authority (1996) Generic management competency standards for frontline management. Brisbane: Australian National Training Authority.

Argyris C and Schön DA (1974) Theory in practice: increasing professional effectiveness. San Francisco: Jossey-Bass.

Australian National Training Authority (1998a) Frontline Management Initiative. Sydney: Prentice Hall Australia.

Australian National Training Authority (1998b) Frontline Management Initiative: Learning Guide Units 1 to 11. Sydney: Prentice Hall Australia.

Ballou R, Bowers D, Boyatzis RE, and Kolb DA (1999) Fellowship in lifelong learning: an executive development program for the advanced professionals. Journal of Management Education, vol 23, no 4, pp 338-354.

Barnard DI (1938) The functions of the executive. Cambridge, Massachusetts: Harvard University Press.

Barratt-Pugh L (2000) In search of truths: pursuing the illusions of objectivity or mirroring the processes of learning? Paper given at the AVETRA Conference, Canberra, 23 March.

Bartol KM, Martin DC, Tein M and Matthews G (1998) Management: a Pacific Rim focus. Sydney: McGraw Hill.

Beckett D (1999) Past the guru and up the garden path: the new organics management learning. In D Boud, and J Garrick (eds) Understanding learning at work. London: Routledge.

Beckett D (2000) Making workplace learning explicit: an epistemology of practice for the whole person. Westminster Studies in Education.

Bigelow D (1998) The theoretical content of what we teach in the management classroom: needs and issues. Journal of Management Education, vol 22, no 6, pp 677-681.

Boyatzis R (1982) cited in Currie (1998).

Carroll SJ and Gillen DA (1987) Are the classical management functions useful in describing management work. Academy of Management Review, vol 12, pp 38-51.

Clarke M (1999) Management development as a game of meaningless outcomes. Human Resource Management Journal, vol 9, no 2, pp 38 - 49.

Constable J and McCormick R (1987) A report for the BIM and the CBI into management training, education and development: BIM survey. Northants, UK: British Institute of Management.

Cowling A, Newman K and Leigh S (1999) Developing a competency based framework to support training in evidence based healthcare. International Journal of Health Care Quality Assurance, vol 12, no 4, pp 149-160.

Cunningham TT (1999) Developing physician leaders in today's hospitals. Frontiers in Health Services Management, 15, no 4, pp 42-44.

Currie G (1995) Learning theory and the design of training in a health authority. Health Manpower Planning, vol 21, no 2, pp 13-19.

Currie G (1998) Stakeholders views of management development as a cultural change process in the health service. International Journal of Public Sector Management, vol 11, no 1, pp 7-26.

Currie G and Darby R (1995) Competence based management development: rhetoric and reality. Journal of European Industrial Training, vol 19, no 5, pp 11-18.

Dailey N (1984) Adult learning and organisations. Training and Development Journal, vol 38, pp 66.

Drucker PF (1954) The practice of management. New York: Harper and Row.

DTZ Pieda Consulting (1998) Evaluation of the business benefits of management development. Research report no 66, Department of Education and Employment, Sudbury, Suffolk.

Dunphy D, Turner D and Crawford M (1997) Organisation learning as the creation of corporate competencies. Journal of Management Development, vol 16, no 4, pp 232-244.

Ellerington K (1998) The Frontline Management Initiative, in different drums, one beat? In F Ferrier and D Anderson (eds) Economic and social goals in education and training. Leabrook, South Australia: National Centre for Vocational Research.

Evans J (1993) Assessing the MCI Standards. Personnel Management, vol 26, no 4, pp 53-55.

Fayol H (1916) Industrial and general management (translated from the French original by Constance Storrs 1949). London: Pitman.

Garavan TN, Barnicle B and OSuilleabhain F (1999) Management development: contemporary trends, issues and strategies. Journal of European Industrial Training, vol 23, no 4/5, pp 191-207.

Gulick L and Urwick L (eds) (1937) Papers on the science of administration. New York: Institute of Public Administration, pp 3-13.

Guthrie MB (1999) Challenges in developing physician leadership and management. Frontiers in Health Services Management, vol 15, no 4, pp 3-26.

Hager P and Beckett D (1998) What would lifelong education look like in a workplace setting? In P Jarvis, C Griffin and J Holford (eds) International perspectives on lifelong learning. London: Kogan Page.

Handy C et al (1987) The making of managers: a report on management education, training and development in the United States, West Germany, France, Japan and the UK. The Handy Report, National Economic Development Office, London.

Hayes J, Rose-Quirie A and Allison CW (2000) Senior managers perceptions of the competencies they require for effective performance: implications for training and development. Personnel Review, vol 29, no 1, pp 92-105.

Huberman M (1990) Linkages between researchers and practitioners: a qualitative study. American Educational Research Journal, vol 27, no 2, pp 363 - 391.

IPD, Institute for Personnel and Development (1993) MCI should consult more, say executives. Personnel Management, vol 25, no 7, p 52.

Jacques E (1990) In praise of hierarchy. Harvard Business Review, January/February.

Johns J (1996) Trust: key to acculturation in corporatized health care environments. Nursing Administration Quarterly, vol 20, no 2, pp 13-25.

Jubb R and Robotham D (1997) Competencies in management development: challenging the myths. Journal of European Industrial Training, vol 21, no 5, pp 171-175.

Karpin Report (1995) Industry taskforce on leadership and management skills. DS Karpin, Chair, Enterprising Nation. Canberra: Australian Government Publishing Service.

Kilcourse T (1994) Developing competent managers. Journal of European Industrial Training, vol 18, no 2.

Kim DH (1993) The link between individual and organizational learning. Sloan Management Review, vol 35, no 1, pp 37-50.

Kolb D (1984) Experiential learning. Englewood Cliffs, New Jersey: Prentice-Hall.

Kotter JP (1982a) The general managers. New York: The Free Press.

Kotter JP (1982b) What effective general managers really do. Harvard Business Review, November-December, pp 156-167.

Lester S (1994) Management standards: a critical approach. Competency 2, no 1, pp 28-31.

Loan-Clark J (1996) Health care professionals and management development. Journal of Management in Medicine, vol 10, no 6, pp 24-31.

Loan-Clarke J (1996) Management standards/NVQs and business benefits: the need for empirical evidence and an evaluation framework to provide it. Journal of Management, vol 15, no 4, pp 35-48.

MacFarlane B and Lomas L (1994) Competence-based management development and the needs of the learning organisation. Education and Training, vol 36, no 1, pp 29-32.

Maclagan P (1992) Management development and business ethics: a view from the UK. Journal of Business Ethics, vol 11, no 4, pp 321-329.

Mahoney TA, Jerdee TH and Caroll SJ (1965) The jobs of management. Industrial Relations, vol 4, no 2, pp 102-107.

McGregor DM (1960) The human side of the enterprise. New York: McGraw Hill.

MCI (2000) Management Charter Initiative.
http://www.managementcharterintiative.org.au (accessed 20/10/2000).

Mintzberg H (1980) The nature of managerial work. Englewood Cliffs, New Jersey: Prentice Hall.

Mintzberg H (1989) Mintzberg on management. New York: The Free Press.

Morgan G (1994) Teaching MBAs transformational thinking. In H Tsoukas (ed) New thinking in organizational behaviour. London: Butterworth-Heinemann.

Morgan G (1997) Images of organization. London: Sage.

Newman K, Pyne T and Cowling A (1996) Junior doctors and management: myth and reality. Health Power Management, vol 22, no 1, pp 32-38.

Ott JS (1996) Classic readings in organisation behaviour (second edition). Belmont, California: Wadsworth.

Reynolds M (1998) Reflection and critical reflection in management learning. Management Learning, vol 29, no 2, pp 183-200.

Reynolds M (1999a) Grasping the nettle: possibilities and pitfalls of a critical management pedagogy. British Journal of Management, vol 10, no 2, pp 171-184.

Reynolds M (1999b) Critical reflection and management education: rehabilitating less hierarchical approaches. Journal of Management Education, vol 23, no 5, pp 537-553.

Robbins S, Bergman R, Stagg I, and Coulter M (1999) Management (second edition). Sydney: Prentice Hall.

Robotham D and Jubb R (1996) Competences: measuring the unmeasurable. Management Development Review, vol 9, no 5, pp 25-29.

Schofield K (1999) Report of the Independent Investigation into the Quality of Training in Queensland's Apprenticeship System. Brisbane: Queensland Department of Employment, Training and Industrial Relations.

Schofield K (2000) Delivering quality: report of the Independent Review of the Quality of Training in Victoria's Apprenticeship and Traineeship System. Melbourne: Office of Post-Compulsory Education, Training and Employment, Department of Education.

Schön DA (1988) Developing effective managers: a review of the issues an agenda for research. Personnel Review, vol 17, no 4, pp 3-8.

Schön DA (1994) Teaching artistry through reflection in action. In H Tsoukas (ed) New thinking in organizational behaviour. London: Butterworth-Heinemann.

Selby Smith C, Roos I and Wright L (2000) Investigation of the application of frontline management training in the community services and health industry: a progress report. Paper given at the Victorian Community Services and Health Industry Training Board Conference, Melbourne, 22 June.

Sheldrake P and Saul P (1995) Change and the first line manager: a study of the changing role and skills of first line managers. In Industry Taskforce on Leadership and Management Skills, Karpin Report - Enterprising nation: renewing Australia's managers to meet the challenges of the Asia-Pacific century (volume 1). Canberra: Australian Government Publishing Service, pp 665-711.

Shenhar AJ and Renier J (1996) How to define management: a modular approach. Management Development Review, vol 9, no 1, pp 25-31.

Smith LR (1999) The impact of user choice on the Queensland training market: a progress evaluation. Brisbane: Department of Employment Training and Industrial Relations.

Stawb B M (1987) Organisational psychology and the pursuit of the happy/productive worker. California Management Review, vol 28, no 4, pp 40-53.

Stewart R (1982) A model for understanding managerial jobs and behaviour. Academy of Management Review, vol 7, pp 7-13.

Strebler M (1995) Developing a competence based management training program. Management Development Review, vol 8, no 3, pp 32-35.

Thurston EK (2000) Enabling systems thinking in the Mesonic millenium: the need for systematic methodologies for conceptual learning in undergraduate management education. Journal of Management Education, vol 24, no 1, pp 10-31.

UNESCO (1999) Lifelong learning and training: a bridge to the future. Second International Conference on Technical and Vocational Education, UNESCO, Seoul, Paris, April.

Vince R (1998) Behind and beyond Kolbs learning cycle. Journal of Management Education, vol 22, no 3, pp 304-319.

Weick K (1994) Cartographic myths in organizations. In H Tsoukas (ed) New thinking in organizational behaviour. London: Butterworth-Heinemann.

Whittaker J (1998) Pass notes. People Management, vol 4, no 19, pp 36-40.

Winterton J and Winterton R (1996) The business benefits of competence based management development. DFEE Research Studies R516. Sudbury, Suffolk: Department of Education and Employment.

Winterton J and Winterton R (1997) Does management development add value? British Journal of Management, vol 8, no SI, pp S65-S76.

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